

04/21/99

JC595 U.S. PTO

04/21/99

PTO/SB/05 (2/98)

Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR § 1.53(b))	Attorney Docket No.	000007.00148
	First Inventor or Application Identifier	Karlheinz Schmidt
	Title: Agent for the Manufacture of Biological Parts Including an Active Ingredient Complex and Carrying Materials Suitable for the Active Ingredient Complex	
	Express Mail Label No.	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
--	--

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 20] (preferred arrangement set forth below) - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity or above copy

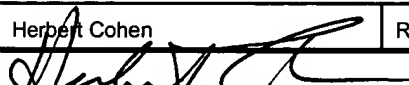
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 2]	
4. Oath or Declaration [Total Pages] a. <input checked="" type="checkbox"/> UNEXECUTED (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	
ACCOMPANYING APPLICATION PARTS	
8. <input type="checkbox"/> Assignment Paper (cover sheet & document(s))	
9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	
10. <input type="checkbox"/> English Translation Document (if applicable)	
11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
12. <input checked="" type="checkbox"/> Preliminary Amendment	
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)	
14. <input type="checkbox"/> *Small Entity <input checked="" type="checkbox"/> Statement filed in prior application. Status still proper and desired (PTO/SB/09-12)	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input type="checkbox"/> Other:	
<div style="border: 1px solid black; padding: 5px;">*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON</div>	

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:
☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No.: 08 / 899,270
Prior application information: Examiner P. Delaney Group/Art Unit: 1654

18. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label002779..... or ☐ Correspondence address below
(insert Customer No. or Attach bar code label here)

NAME	Herbert Cohen, Esq.				
ADDRESS	BLANK ROME COMISKY & McCAULEY LLP				
	900 17 TH STREET, N.W., SUITE 1000				
CITY	WASHINGTON	STATE	D.C.	ZIP CODE	20006
COUNTRY	U.S.	TELEPHONE	(202) 463-7700	FACSIMILE	(202) 463-6915

Name (Print/Type)	Herbert Cohen	Registration No. (Attorney/Agent)	25,109
Signature		Date	April 21, 1999

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Box Patent Application, Washington, DC 20231.

JC649 U.S. PTO

09/295302

04/21/99

JC649 U.S. PRO
09/295302
04/21/99

Atty. Docket No. 0007.148

TRANSMITTED HERewith FOR FILING IS A PATENT APPLICATION:

For: AGENT FOR THE MANUFACTURE OF BIOLOGICAL PARTS INCLUDING AN ACTIVE INGREDIENT COMPLEX AND CARRYING MATERIALS SUITABLE FOR THE ACTIVE INGREDIENT COMPLEX

1. ☒ Specification of 19 pages. 1a. ☐ Foreign Language
2. ☒ Claims, 7 in number.
3. ☒ Abstract.
4. ☒ Drawings. ☒ formal ☐ informal 2 sheets ☐ no drawings.
5. ☒ Filing Fee. (See (12) below).
6. ☐ Declaration **UNSIGNED** by the named inventor(s).
7. ☒ A verified statement to establish small entity status has been filed in the parent application.
8. ☐ An assignment to _____.
9. ☐ A certified copy of (a) _____ application(s),
Serial No(s). _____,
filed _____,
the priority of which is hereby claimed.
10. ☒ Preliminary Amendment.
11. ☐ Other:

The filing fee is calculated below:

FOR	No. Filed	Basic	No. Extra	Rate \$	Calculations
Total Claims	7	20	0	\$ 18.00	\$0
Indep.Claims	1	3	0	\$ 78.00	\$0
<input checked="" type="checkbox"/> Multiple Dependent Claims				\$260.00	\$260.00
BASIC FEE					\$760.00
TOTAL OF ABOVE CALCULATIONS					\$1,020.00
<input checked="" type="checkbox"/> Reduction by 1/2 For Filing By Small Entity					\$510.00
TOTAL FILING FEE					\$510.00
<input type="checkbox"/> Fee For Recording of Assignment (\$40.00)					\$0
TOTAL OF FILING AND ASSIGNMENT RECORDING FEES					\$510.00

[X] The Commissioner is authorized to charge this fee or any additional fee due in connection with this communication to Deposit Account No. 23-2185 (0007.148). **A duplicate copy of this sheet is enclosed.**

[X] In the event that a petition for an extension of time is required to be submitted herewith, and in the event that a separate petition does not accompany this response, applicant(s) hereby petition(s) under 37 CFR 1.136(a) for an extension of time for as many months as are required to render this submission timely. Any fee due is authorized above.

Respectfully submitted,

By: [Signature]

Herbert Cohen
Registration No. 25,109